

ALAN R. SMITH, ESQ.

Name

SBN 1449

Bar Code #

505 RIDGE STREET
RENO, NV 89501-1719

Address

(775) 786-4579

Phone Number

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA**

In re: **ZD, LLC, A NEVADA LIMITED LIABILITY COMPANY**Case No.: 15-51013Chapter: 11

Trustee _____

Debtor(s)

AMENDMENT COVER SHEET

The following items have been amended in the above named bankruptcy proceeding (check all applicable boxes).

- Voluntary Petition (specify reason for amendment)
- Summary of Schedules
- Statistical Summary of Certain Liabilities
- Schedule A - Real Property
- Schedule B - Personal Property
- Schedule C - Property Claimed as exempt
- Schedule D, E, or F, and/or Matrix, and/or List of Creditors or Equity Holders
- Add/delete creditor(s), change amount or classification of debt - **\$30.00 Fee required**
- Add/change address of already listed creditor - **No fee**
- Schedule G - Schedule of Executory Contracts and Unexpired Leases
- Schedule H - CoDebtors
- Schedule I - Current Income of Individual Debtor(s)
- Schedule J - Current Expenditures of Individual Debtor(s)
- Declaration Concerning Debtor's Schedules
- Statement of Financial Affairs and/or Declaration
- Chapter 7 Individual Debtor's Statement of Intention
- Disclosure of Compensation of Attorney for Debtor(s)
- Statement of Current Monthly Income and Means Test Calculation
- Certification of Credit Counseling
- Other: _____

Amendment of debtor(s) Social Security Number requires the filer to follow the instructions provided by the Office of the U.S. Trustee, see link to the U.S. Trustee's website on our website: www.nvb.uscourts.gov

Declaration of Debtor

I (We) declare under penalty of perjury that the information set forth in the amendment(s) attached hereto is (are) true and correct to the best of my (our) information and belief.

/s/ TATIANA GOLOVINA

TATIANA GOLOVINA

Debtor's Signature

Date: September 8, 2015

United States Bankruptcy Court
District of Nevada

In re **ZD, LLC, A NEVADA LIMITED LIABILITY COMPANY**Case No. 15-51013

Debtor

Chapter 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	8,000,000.00		
B - Personal Property	Yes	3	113.05		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		3,016,600.82	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	2		1,021,000.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		10			
	Total Assets		8,000,113.05		
	Total Liabilities				4,037,600.82

In re **ZD, LLC, A NEVADA LIMITED LIABILITY COMPANY**Case No. **15-51013**

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
				C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	
Account No.			5/25/2010			X	
CHRIS H. GANSBERG, JR. FAYE E. GANSBERG 2277 FOOTHILL ROAD MARKLEEVILLE, CA 96120			ZD RANCHES 19320 STATE ROUTE 89 MAKRLLEEVILLE, CA 96120 SUBJECT TO APPRAISAL				3,016,600.82
			Value \$ 8,000,000.00				0.00
Account No.			Representing: CHRIS H. GANSBERG, JR.				Notice Only
RON JOHNSON, ESQ. ALLING & JILLSON, LTD. P.O. BOX 3390 STATELINE, NV 89449			Value \$				
Account No.							
			Value \$				
Account No.							
			Value \$				
Account No.							
			Value \$				
0 continuation sheets attached				Subtotal (Total of this page)			3,016,600.82
							0.00
				Total (Report on Summary of Schedules)			3,016,600.82
							0.00

In re **ZD, LLC, A NEVADA LIMITED LIABILITY COMPANY**Case No. **15-51013**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM			
				C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	
Account No.			LEGAL FEES				
COATS ROSE, PC 9 GREENWAY PLAZA, #1100 HOUSTON, TX 77046	-						95,000.00
Account No.			LEGAL FEES				
DICKINSON & WHEELOCK, P.C. 7660 WOODWAY DR., STE. 460 HOUSTON, TX 77063	-						145,000.00
Account No.			GOODS/SERVICES				
DOUGLAS DISPOSAL, INC. 1653 LUCERNE STREET MINDEN, NV 89423	-						1,000.00
Account No.			TRACTOR PURCHASE				
GARRY SIMS 18215 SHAW ROAD CYPRESS, TX 77429-7009	-						22,000.00
Subtotal (Total of this page)							263,000.00

1 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **ZD, LLC, A NEVADA LIMITED LIABILITY COMPANY**Case No. **15-51013**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
MATTHEW CREEDICAN 27905 99TH AVE. NE ARLINGTON, WA 98223	-					750,000.00
Account No.		GOODS/SERVICES				
TRI STATE SURVEYING, LTD. 425 E. LONG STREET CARSON CITY, NV 89706	-					8,000.00
Account No.						
Account No.						
Account No.						
Subtotal (Total of this page)						758,000.00
Total (Report on Summary of Schedules)						1,021,000.00

Sheet no. 1 of 1 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims